



KENTUCKY TRANSPORTATION CABINET
Department of Rural and Municipal Aid
OFFICE OF RURAL AND SECONDARY ROADS

TC 20-16
Rev. 02/2013
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MUNICIPAL AND COUNTY ROAD AID EMERGENCY REQUEST

SECTION 1: CITY/COUNTY INFORMATION

NAME <i>(city/county)</i>	CONTACT PERSON	EMAIL ADDRESS
ADDRESS <i>(street address, city, state, zip)</i>		PHONE
FAX		

SECTION 2: PROJECT LOCATION & NATURE OF REQUEST

STREET/ROAD NAME	COUNTY ROAD NUMBER
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PROJECT LOCATION *(name of nearest intersecting road and distance from project)*

NARRATIVE OF EMERGENCY REQUEST *(Please explain in detail the nature of the emergency request.)*

FOR DEPARTMENT OF RURAL AND MUNICIPAL AID OFFICE USE ONLY

COST ESTIMATE	PHOTOS	INITIAL LETTER
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	DATE	NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No
BY		